CERTIFICATION FOR INDIRECT COST RATE

PO Box 202501 Helena, MT 59620-2501			Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level	
0944	15	Two Dot Elem		54	EL	
Proposed Restric	ted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)	
	Complete and submit wo be submitted for the electory of your rate.					
This is to certify tha knowledge and beli	t I have reviewed the in ef:	ndirect cost rate prop	oosal submitted he	rewith and to	o the best of my	
allowable in accord A-87, "Cost Principl	ed in this proposal to es ance with the requirem les for State and Local in the attached Predete	nents of the Federal a Governments." Una	award(s) to which t illowable costs hav	they apply ar ve been adju	nd OMB Circular	
casual relationship accordance with ap have not been clain and the Office of Pu predetermined rate	ed in the proposal are pubetween the expenses plicable requirements. In the das direct costs. In the label of	incurred and the age Further, the same of addition, similar type notified of any accou	reements to which costs that have beens of costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently	
Signature of District Superintendent or Board Chairperson Street Address or P.O. Box						
Printed Name of Authorized Official			PO Box 208 City	Z	Zip Code	
			Two Dot	5	9085	
Title			Date			
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	truction				
ACCEPTED	AND APPROVED FO		NDENT OF PUBL	LIC INSTRU	CTION BY:	
Approved Rate for FY2004			Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

PO Box 202501 Helena, MT 59620-2501			Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level	
0945	16	Harlowton Elem		54	EL	
Proposed Restric	ted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)	
	Complete and submit wo submitted for the electory or an arms.					
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my	
allowable in accordance A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply ar ve been adju	nd OMB Circular	
casual relationship accordance with ap have not been claim and the Office of Pupredetermined rate.	d in the proposal are p between the expenses plicable requirements. ned as direct costs. In ublic Instruction will be regoing is true and cor	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which osts that have been so of costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently	
Signature of District Superintendent or Board Chairperson Street Address or P.O. Box						
Printed Name of Authorized Official			PO Box 288 City	Z	Zip Code	
			Harlowton	5	9036	
Title			Date			
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction				
ACCEPTED	AND APPROVED FO		NDENT OF PUBL	LIC INSTRU	CTION BY:	
Approved Rate for FY2004			Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

PO Box 202501 Helena, MT 59620-2501		Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0946	16	Harlowton H S		54	HS
Proposed Restric	ted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit vote submitted for the electory of your rate.				
This is to certify that knowledge and believed	t I have reviewed the i ef:	ndirect cost rate prop	oosal submitted he	rewith and to	o the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	nents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply ar ve been adju	nd OMB Circular
casual relationship I accordance with apphave not been claim and the Office of Pupredetermined rate.	d in the proposal are poetween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and cor	s incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which costs that have beens of costs have be	they are allowed they are allowed they are allowed they are allowed to the are allowed to	ocated in s indirect costs ed for consistently
Signature of District Superintendent or Board Chairperson Street Address or P.O. Box					
Printed Name of Authorized Official			PO Box 288 City	Z	Zip Code
			Harlowton	5	9036
Title			Date		
Send com	npleted form to: School Accounting Office of Public Ins: PO Box 202501 Helena, MT 59620	truction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Approved Rate for FY2004			Date Approved		
			Signature		

Office of Public Instruction Linda McCulloch,

CERTIFICATION FOR INDIRECT COST RATE

Superintendent PO Box 202501 Helena, MT 59620-2501			Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level	
0947	20	Shawmut Elem		54	EL	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X.	X%) of a percent.)	
	Complete and submit we submitted for the electory of your rate.					
This is to certify that knowledge and believed.	t I have reviewed the in ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my	
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirement es for State and Local on the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply and ve been adjus	d OMB Circular	
casual relationship to accordance with apply have not been claim and the Office of Pupredetermined rate.	d in the proposal are poetween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and corr	incurred and the agr Further, the same of addition, similar type notified of any accou	reements to which osts that have been so of costs have be	they are allooen treated as in accounted	cated in indirect costs differ consistently	
Signature of Distri	ct Superintendent or		Street Address	or P.O. Box		
Chairperson			PO Box 65			
Printed Name of A	uthorized Official		City	Zi	p Code	
			Shawmut	59	078	
Title			Date			
Send com	npleted form to: School Accounting a Office of Public Inst PO Box 202501 Helena, MT 59620-	ruction				
ACCEPTED	AND APPROVED FO		NDENT OF PUBL	.IC INSTRUC	TION BY:	
Approved Rate for FY2004			Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

PO Box 202501 Helena, MT 59620-2501		Due	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name	County	Level		
0948	21J	Judith Gap Elem	54	EL		
Proposed Restric	ted Indirect Cost Ra	ate% (Round t	o nearest hundredth (X.	XX%) of a percent.)		
	e submitted for the e	with one copy of each applica lementary and high school dis				
This is to certify that knowledge and believed.		indirect cost rate proposal sub	omitted herewith and t	to the best of my		
allowable in accorda A-87, "Cost Principle	ance with the required es for State and Loca	establish the final indirect cost ments of the Federal award(s) al Governments." Unallowable termined Indirect Cost Allocatio	to which they apply a costs have been adju	and OMB Circular		
casual relationship I accordance with ap have not been claim and the Office of Pupredetermined rate.	between the expense plicable requirements ned as direct costs. In ablic Instruction will be	properly allocable to Federal as incurred and the agreements. Further, the same costs that n addition, similar types of cost e notified of any accounting chorrect.	s to which they are al t have been treated a ts have been account	located in s indirect costs ted for consistently		
Signature of District Superintendent or Board Chairperson Street Address or P.O. Box						
Printed Name of Authorized Official		PO Box City		Zip Code		
		Judith (Gap	59453		
Title		Date	Date			
Send com	npleted form to: School Accounting Office of Public In: PO Box 202501 Helena, MT 5962	struction				
ACCEPTED	AND APPROVED F	OR THE SUPERINTENDENT	OF PUBLIC INSTRU	ICTION BY:		
Ар	proved Rate for FY2	· · · · · · · · · · · · · · · · · · ·	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

PO Box 202501 Helena, MT 59620-2501		Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0949	21J	Judith Gap H S		54	HS
Proposed Restric	ted Indirect Cost Ra	te%	(Round to nearest I	hundredth (X.)	XX%) of a percent.)
	Complete and submit on the election of your rate.				
This is to certify tha knowledge and beli	t I have reviewed the ef:	indirect cost rate prop	oosal submitted he	erewith and to	o the best of my
allowable in accorda	d in this proposal to e ance with the requirer es for State and Loca n the attached Predet	nents of the Federal a I Governments." Una	award(s) to which Illowable costs ha	they apply a ve been adju	nd OMB Circular
casual relationship accordance with ap have not been claim and the Office of Pupredetermined rate.	d in the proposal are between the expense plicable requirements ned as direct costs. In ablic Instruction will be regoing is true and co	s incurred and the ag . Further, the same of addition, similar type a notified of any accor	reements to which costs that have been es of costs have b	n they are allo en treated as een account	ocated in s indirect costs ed for consistently
Signature of District Superintendent or Board Chairperson Street Address or P.O. Box					
Printed Name of Authorized Official			PO Box 67 City	Z	Zip Code
			Judith Gap	5	59453
Title			Date		
Send con	npleted form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	struction			
ACCEPTED	AND APPROVED FO	OR THE SUPERINTE	NDENT OF PUB	LIC INSTRU	CTION BY:
Approved Rate for FY2004			Date Approved		
			Signature		